

# COVER ALL WASHINGTON CHILDREN'S INITIATIVE

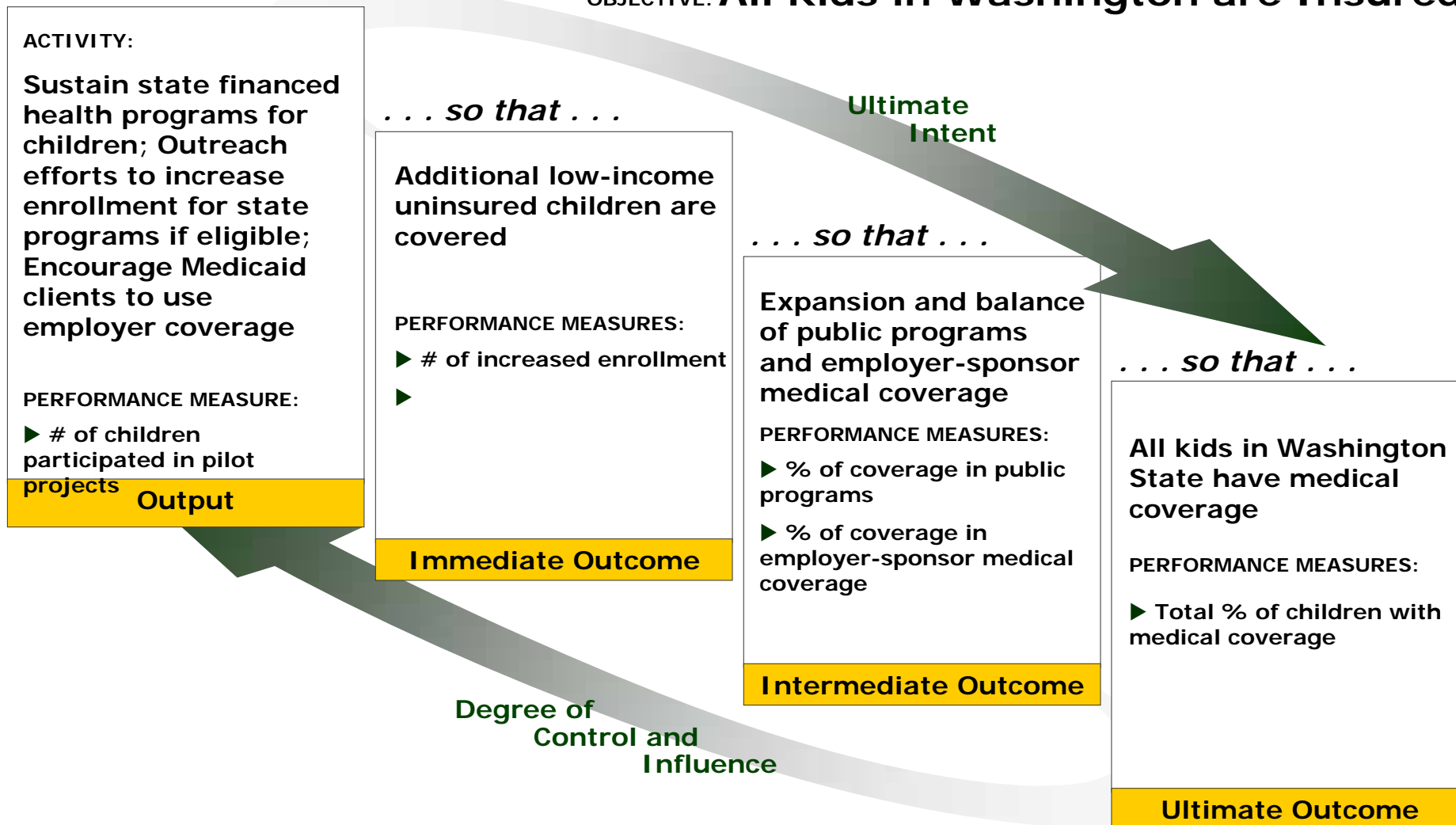
Main Slides

# Health Care

INITIATIVE: COVER ALL KIDS



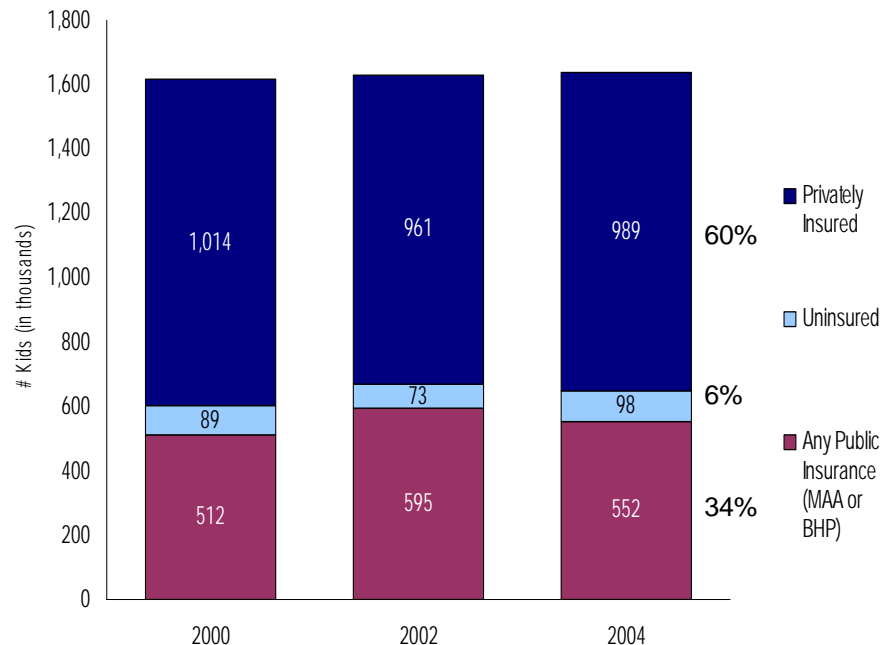
OBJECTIVE: **All Kids in Washington are Insured**



# DSHS & HCA – Cover All Washington Children’s Initiative

What is the insurance status of children (0-18 yrs) in Washington?

Kids (0-18yrs) by Insurance Status: All Income Levels



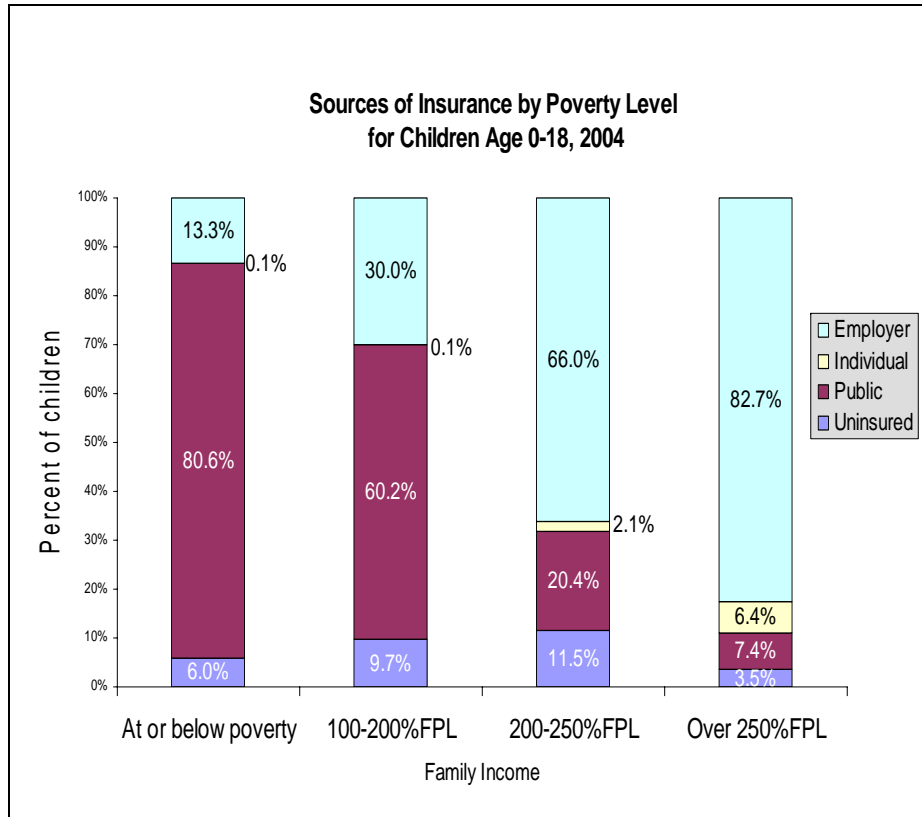
## Analysis and Action Plan

- Approximately 100,000 or 6% of Washington’s children are uninsured.
- From 2002-04, private coverage increased & public coverage decreased; meanwhile the overall number of uninsured children grew by 25,000.
- Action plan must balance outreach for existing public programs and efforts to encourage employer-sponsor coverage. Options under review include:
  - Outreach efforts to increase enrollment for children currently eligible for state programs.
  - Expansion of existing DSHS pilot to encourage Medicaid clients to use employer-sponsored coverage by providing premium assistance.
  - Phased expansion of Children’s Health Program for non-citizen children.
  - Develop program to help small employers offer affordable coverage to families.

**Data Notes:** Source: Washington State Population Survey – 2004 (biannual). National comparison data based on 2003 figures from a Robert Wood Johnson report released 8/2/05. Data reflects insurance status at a point in time, not the number of children who have coverage intermittently. Poverty refers to Federal Poverty Level (2005 poverty level is \$9,570 for a single person and \$16,090 for family of three).

# DSHS & HCA – Cover All Washington Children’s Initiative

## Where do Washington children get their insurance coverage?



### Analysis and Action Plan

- 70% of Washington’s uninsured children are eligible for public programs because they are below 250% poverty.
- The higher the family’s income, the more likely their children have employer-sponsored coverage:
  - 87% of children in families over 250% of poverty have employer or individual coverage compared to 30% of children in families below 250% of poverty.
  - The majority of children below 250% poverty are dependent on public programs.
- Uninsured children get less care, delayed care, and sometimes no care, resulting in poorer health outcomes and less healthy lives.
- Actions under review: Support programs and evaluate models that provide “medical home” for children, regardless of their insurance status.

**Data Notes:** Source: Washington State Population Survey – 2004 (biannual). Adjustments made to account for national statistics that underreport the Medicaid caseload. Poverty and FPL refer to Federal Poverty Level (2005 poverty level is \$9,570 for a single person and \$16,090 for family of three).

# DSHS & HCA – Cover All Washington Children’s Initiative

What influences whether children have coverage?

## ***Factors that Improve Coverage:***

- ☐ Natural caseload growth in current public programs will add 100,000 children by July 2009.
- ☐ Governor’s proposed policy changes, adopted by the Legislature in 2004 session, add 40,580 children to public programs by July 2007.
- ☐ Because children have relatively fewer health needs than adults, coverage can be achieved at a relatively low cost .

## ***Factors that Decrease Coverage:***

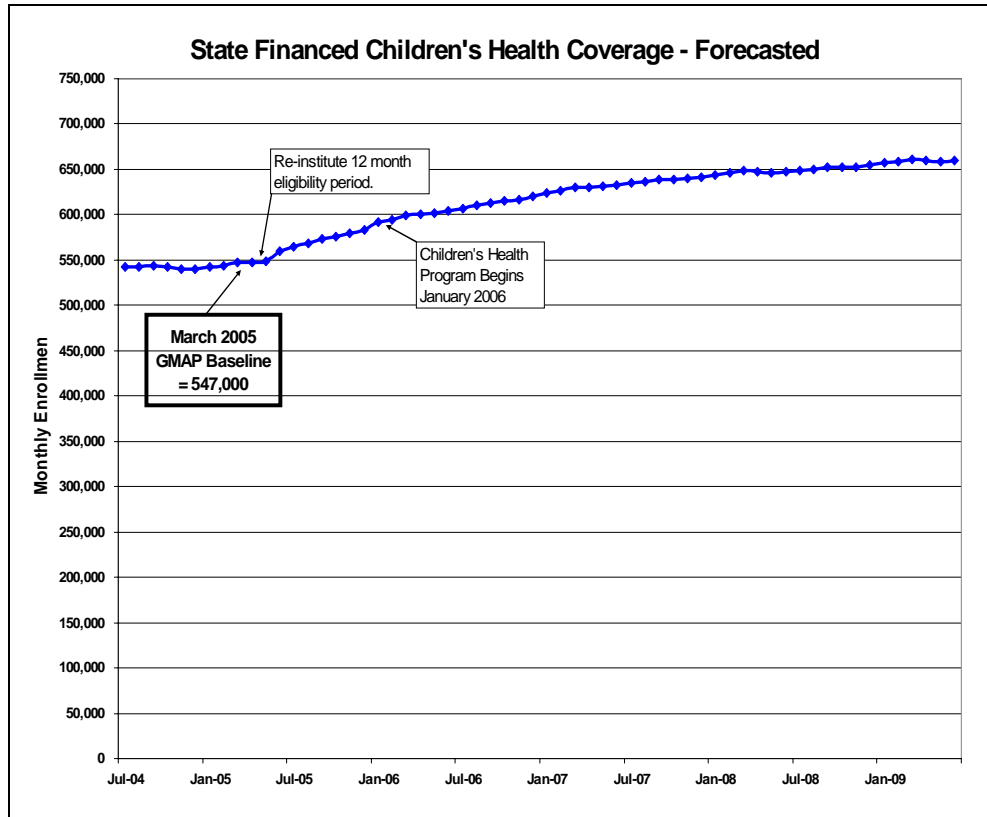
- ☐ Continuing high annual increases in health insurance costs erode private and public coverage.
- ☐ Employer-based coverage becomes more unaffordable for parents as companies shift a bigger share of health coverage costs to employees.
- ☐ Structural economic changes, such as the shift from manufacturing to service-sector jobs, have played some role in private coverage erosion in recent years.

## ***Potential Actions to Increase Children’s Coverage:***

- ☐ Maintain current public programs.
- ☐ Continue efforts to leverage employer-sponsored insurance for eligible children within the Medicaid program.
- ☐ Implement Small Business Assist program to help employers add coverage for families.
- ☐ Add enrollment slots in Children’s Health Program for undocumented children.
- ☐ Increase enrollment in current public programs for children in families below 250 percent of the federal poverty level.

# DSHS & HCA – Cover All Washington Children's Initiative

How many children will covered by publicly financed programs?



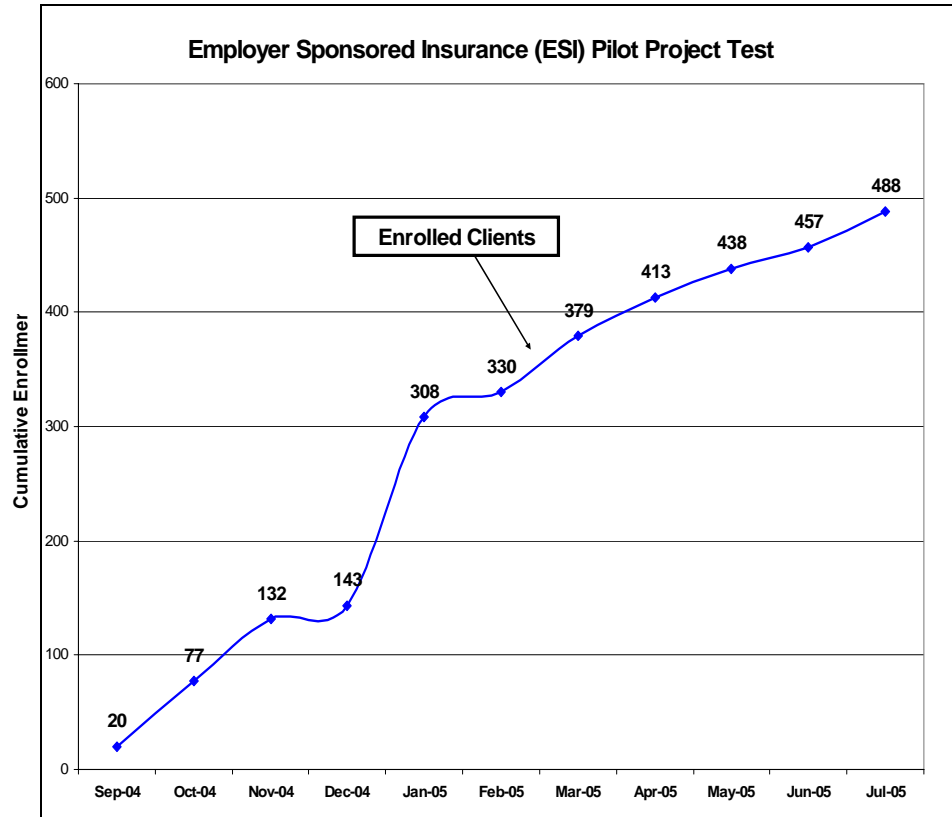
## Analysis and Action plan

- Over 60% of children below 250% of poverty receive health coverage through state programs.
- It is estimated that, if current programs are continued, 100,000 additional children will be covered by the end of SFY2009 from natural caseload growth.
  - These children will come from: new births, in-migration, the currently uninsured, and the currently privately insured.
  - Because of these factors, each increase in state caseload does not correspond to a decrease in the number of uninsured children.
- DSHS and HCA will track state caseload numbers on a monthly basis.

**Data Notes:** DSHS Medicaid Management Information System (MMIS) Eligibility file and HCA Basic Health Program enrollment file. A given month will not be reported until 3 months have elapsed. To ensure complete counts, each month will be retroactively updated for one year to account for eligibility changes.

# DSHS & HCA – Cover All Washington Children’s Initiative

What can be done to increase employer-sponsored coverage for low-income families?



## Analysis

- DSHS employer-sponsored insurance (ESI) pilot design is based on Oregon’s Family Health Insurance Assistance Program (FHIAP), which makes payments to families to pay employee’s premium contribution.
- Pilot makes a payment to family if their employer-sponsored coverage for dependents is cost-effective for state. Medicaid family member also receives wrap around services not covered by employer plan.
- Pilot has enrolled total of 640 clients, with 488 currently enrolled over the October 2004 through August 2005 period. 80% of enrollees are children. Pilot has employed 3.5 FTEs over 11-month period.

## Action Plan

- Expanding the pilot project could leverage additional savings to the state but would require additional staff.

**Data Notes.** Medicaid Management Information System (MMIS) and DSHS employer-sponsored insurance (ESI) project’s tracking system.